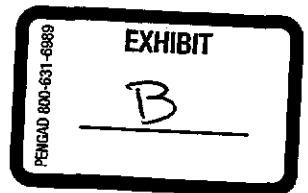




**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**



Print Name: Tony Fountain Date of Request: 2-20-06  
ID # 162157 Date of Birth: 8-24-62 Location: E3-22  
Nature of problem or request: I am occasionally noticing blood in my stool. on several occasions in the past two months.

Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 2/21/06  
Time: \_\_\_\_\_ AM PM  
Allergies: Motrin

RECEIVED	
Date: <u>2/20/06</u>	
Time: <u>1000</u>	
Receiving Nurse Initials <u>ROS</u>	

**(S)ubjective:**

**(O)bjective** (V/S): T: 97° P: 80 R: 18 BP: 130/90 WT: 180

**(A)ssessment:**

*See  
oral  
sheet*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Tony Fountain Date of Request: 4-23-06  
 ID # 1521571 Date of Birth: 8-24-62 Location: E3-23  
 Nature of problem or request: On 2-20-06 I signed up to see doctor  
due to seeing Blood in My Stool. I have been taxed with Co-pay  
Ment and has been collected. Now I'm seeing instead of spots  
I have notice Clots of Blood My Situation has worsen. I was  
informed by the doctor to let you'll know if my symptom had gotten worse.  
 Signature: [Signature]

DO NOT WRITE BELOW THIS LINE

Date:    /   /     
 Time:     AM PM  
 Allergies:    

<p>RECEIVED</p> <p>Date: <u>4/24/06</u></p> <p>Time: <u>750pm</u></p> <p>Receiving Nurse Initials <u>[Signature]</u></p>
--

(S)ubjective:

(O)bjective (V/S): T:     P:     R:     BP:     WT:    

(A)ssessment:

*s/c*  
*4/25/06*  
*AWK*  
*9:24*

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Tony Fountain Date of Request: 6-12-06  
 ID # 152157 Date of Birth: 8-24-62 Location: E3-22  
 Nature of problem or request: Follow-up on or about 6-6-06, DR. person ordered me some medication to low my Bad Cholesterol level and told me to check the pill - Call window the following after-noon. I checked the window 311 of 1st week only to be told my Name was not in the Book

*[Signature]*  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date:    /   /     
 Time:     AM PM  
 Allergies:    

<b>RECEIVED</b> Date: _____ Time: _____ Receiving Nurse Initials _____
---

**(S)ubjective:**

**(O)bjective** (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)ssessment:**

*no show  
for 6/13/06*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

\_\_\_\_\_  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## Nursing Evaluation Tool:

## General Sick Call

Facility: Alabama Department of Corrections

Patient Name: FountainTonyInmate Number: 152157

Last

Date of Birth: 8 / 12 / 62

MM

DD

YYYY

Date of Report: 2 / 12 / 06

MM

DD

YYYY

Time Seen: \_\_\_\_\_

AM / PM Circle One

**Subjective:** Chief Complaint(s): I have blood on the tissue when using bathOnset: X Several monthsBrief History: & history of GI Bleeding

(Continue on back if necessary)

☐ Check Here if additional notes on back**Objective:** Vital Signs: (As Indicated) T: 97.6 P: 80 RR: 18 B/P: 130 / 90Examination Findings: A+0 - no dizziness or weakness  
(Continue on back if necessary)& blood seen in commode. More concern about Colon CA + having a Colonoscopy due to Age☐ Check Here if additional notes on back**Assessment: (Referral Status)**

Preliminary Determination(s): \_\_\_\_\_

☐ Referral **NOT REQUIRED**☐ Referral **REQUIRED** due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☐ Other: \_\_\_\_\_**Comment:** You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.**Plan:** Check All That Apply:☐ Instructions to return if condition worsens.☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other: \_\_\_\_\_

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☐ YES (If Yes, Whom/Where): \_\_\_\_\_

Date for referral: \_\_\_\_\_

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_x Helen Lightner RN

Nurses Signature

Name: Helen Lightner

Printed

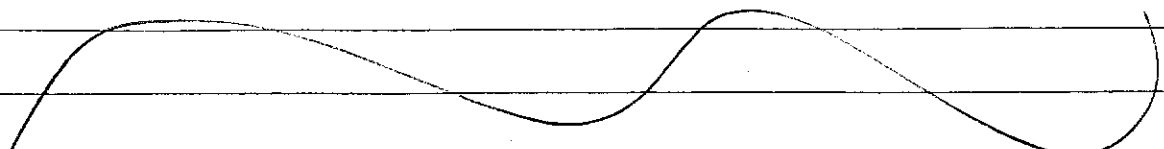
Fountain DO  
Time  
2:22:26



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# PROGRESS NOTES

Date/Time	Inmate's Name: Fountain, Tony 152157	D.O.B.: 8/26/63
3/21/06	20x40 D.B.E W+180	
FHX ② Colon CA ③ Prostate CA	⑤ 42 1/2 yo BO → presented to SC c/o rectal bleeding off + on for 2 months. 1st SC & this was 2/24/06. Pt states the last blood passed was 2-3 days ago - spect of blood in stool. He reported to nursing staff that blood was on the toilet tissue. Pt. denies constipation or change in stool. He denies h/o ulcers, Hemorrhoids, and Anal fissures	
	⑥ Abt NAD Abds - fl 5 tenderness No inguinal hernias. Rectal - NO Anal intake. & Hemorrhoids NO fissures Prostate 2+ spect of stool Hem ⑤	
	⑦ - Rectal bleeding - 2+ Prostate - Abn LF-1's ? thin weakly Hepatobiliary probe rectal / stool - 64 56pt 119 - Elevated lipids	
	4/13/06 lab reviewed 04-05-06 lab report	
	<div><div><div>138</div><div>4.5</div></div><div><div>103</div><div>-</div></div><div><div>103T</div><div>1.0</div></div></div>	<div>ALT 58↑</div> <div>AST 39</div> <div>Chol 249↑</div> <div>Trig 115</div> <div>UA 42</div> <div>LDL 184↑</div>

Date/Time	Inmate's Name:	152157	D.O.B.:	1 / 1
04/13/06 cont	5.4 / 15.2 / 257 462	MCV 90 MCH 34.3 MCH 90		
	TSA 0.028 ↓ T3 3390	T4 7.5		
	(A) TSA ↓ / Lipids ↑ / ALT ↑ (P) Pt scheduled for Hcm visit 4/18/06 with eval if symptomatic. Pt to see Dr. PERDANT who was informed of abnormal lab. - Hepatitis panel pending.			
04/13/06	✓ Computer for Hepatitis panel. No results / report to eval. Dypricent			
4/19/06 335p	201/CP re: y/lc lab wt 178 T-98° P-74 B-78 025A 97% 140/94 ——— Dypricent 0 - Hepatitis profile neg for Hepatitis - repeat profile if in 30 days - re test pt in 40 days & repeat rectal.			
	(A) Rectal bleeding (P) colonoscopy (C) colon study			
6/6/06	low fast diet 201/CP re: y/lc lab wt 175 T-97° P-69 B-18 025A 97% 132/98			
Home @ stool 3x				



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Forentain Tony	8 126 163
6-7-06 5:40pm	Follow up re lab. - T 97.5, wt 176lbs, O2sat 97%, P 70, R 18, B/P 153/85 — S. Taylor CRN Seen by MD 6/6/06 - Does not need to be seen today — Assistant	
7/31/06 08/02/06	20410P re: f/u lab no show. Will re-sched 8/12/06 - 2A Um submitted on 07-03-06 per Dr. Pearson for colonoscopy r/t Ab rectal bleeding. Recommendations Returned from Dr. McQueen to consider rectal Sigmoidoscopy and/or Biopsy. Will re-submit Um with Dr. Pearson's O.A. i.e.s requesting colonoscopy Evaluation. — Dr. Quince	
08/02/06	Discussed w/ Dr. Carver colonoscopy. He will proceed patient re: colonoscopy need. — Dr. Quince	
8/18/06 12:30p	20410P re: f/u B/P wt 180 T-97.8 P-68 R-20 O2sat 97% 128/88 — Dr. F/u Hx - TBP last June - Normal wt diet exercise today. Encouraged diet not had NA diet. PT is the rectal bleeding colonoscopy to be sched. Avoid ASA & NSAIDS. Dm's Hemorrhoids. Show NOA A: Sigmoidoscopy - Rectal block Hx P: cont neumeor & loks sched colonoscopy - um approved vision screen	

Date/Time	Inmate's Name:	D.O.B.:
8/29/06 9:30	207/CP re: Eval et al/4 um wt 185 P-60 R-20 0250x99% B/P (144/94) — J. bar	1 / 1 T-979
8/29/06	Same 2/06 PT. Res. find Hematochezia & melena. No Abd pain. No weight loss. No Known Family H/O Colonie Dz or Cancer. Repeat CFT's w/ L, blep. A, B & C w/ L. <u>Plan</u> Stimulus recommend a Colonoscopy UM filled.	
9-21-06 2:50 p	207/CP re: Eval wt 170 T-986 P-80 R-20 0350x99% B/P 128/100 — J. bar	
9-26-06	207/CP re: Appx made in error seen 9/21/06 — J. bar	
9/29/06	Patient on trial dose of Hct 30 R. L. 300mg. will v bp once daily x 14 days before deciding continuation — N. Guiness	





## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
10/17/06 8:04pm	Fountain, Tony	1/1/90
	Escorted over for FWA. vs: O <sub>2</sub> Sat-97%; HR-74; T-97.3; BP 140/90 Rt. 2. 0 distress noted.	J. Parker, MD
10/18/06 0500am	A&O x3, NAD noted, NPO.	1.0 ggs LW.
10-18-06 3pm	Return from FWA - T 97.6, O <sub>2</sub> Sat 96%, P 84, R 18, B/P 110/88	S. Taylor, MD
	Pl back from FWA seeing Dr. Bianchi for consultation re: H/O blood in stool. 0 complaints voiced	
	Reviewed Dr. Bianchi's notes & he recommends going ahead w/ colonoscopy. will submit LW. See over's test	
10/20/06 1000p	20 NCP re: f/u B/P Wt 176% T-97 P 72 R-20 O <sub>2</sub> Sat 98% B/P 138/84	Dr. H. H. H.
	Notes & complaints. HCTZ working well.	
	O: HEENT 0	ent: 2E/1E
	Imp: C7/B	
	CV: RRR 5 @ 0.5	
	ad: S @ B5 NT	
	A/P: 1) HTN	
	1) Cont HCTZ 25mg po qd	
	2) 0 mlt	B. B.



PRISON  
HEALTH  
SERVICES  
INCORPORATED

### PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
10/6/06 12:50	Fountain, Tony	1 / 1
	20+ HbA1c. f/c lab / ✓ Uem at 183 T-974 P-166 R-20 or sat 98% B/P 142/106 ——— 24	
	<p>→ Pt. c/o Hematochezia 1st notice 2/2006 = Plots at times. Occasional dark at times but not melanic, Occ. Abd pain.</p>	
	<p><u>Labs</u>            - Chem. profile      Uses            Chol. → 177      HDL 44            Trig 89      LDL -115</p>	
	<p>TSH — 6.035  <del>GBC — wbc 5.5</del>            CRP 5.5 } 15.8 / 265               46.1</p>	
	<p>A/P ① Hematochezia → Colonoscopy            ordered. Pt. is Hemodynamically            stable.</p>	
	<p>② Bp / HTN → remove            HCTZ</p>	
	<p>③ Dyslipidemia → stable            Pl bld</p>	



## Informed Consent to Medical Services

Inmate's Name: Fountain, Tony 152157  
Date of Birth: 8-26-63 Social Security No.: \_\_\_\_\_  
Date: 3/21/06 Time: 1:30 A.M.  
P.M.

I hereby authorize Prison Health Service, Inc. and Dr. Peasale,  
(Print Physician's Name)  
his assistant(s) or designee(s) to treat me as is necessary in his judgement.

The procedure(s), Digital Rectal Exam, necessary to treat my condition has been fully ex-  
(state in Layman's terms)  
plained to me by Dr. \_\_\_\_\_ and I understand the nature of, and risks associated  
with, this procedure(s). Briefly stated, they are: (Benefits) \_\_\_\_\_

(Risks) \_\_\_\_\_

I am aware that the practice of the medical sciences is not exact and I acknowledge that no guarantees have been made to me as to the results of this procedure(s). Alternate treatment methods and their consequences as well as the risks of refusing the described treatment(s) (if applicable) have been fully explained to me.

(Signature of Inmate)

(Witness)

\_\_\_\_\_  
(Signature & Title of Provider)

\_\_\_\_\_  
(Witness)

Patient Name: Fountain TONY  
 Inmate Number: 152157 <sup>Last</sup>  
 Date of Birth: 8/24/62 <sup>First</sup> <sub>MM DD YYYY</sub>  
 Date of Report: 4/25/06 <sub>MM DD YYYY</sub>  
 Time Seen: 9:24 AM <sub>AM/PM Circle One</sub>

Subjective: Chief Complaint(s): Reporting "clots" of Blood in Stool  
 Onset: every time I go to the bathroom.

Brief History: Dr. Peant told me to notify you if it  
 (Continue on back if necessary) got worse. I saw him about last Tues. or Wed.  
(Denies taking ASA or Motrin)

Objective: Vital Signs: (As Indicated) T: 97.8 P: 60 RR: 12 BP: 124/92

Examination Findings: No stool observed. No weakness or  
 (Continue on back if necessary) acute distress noted.

Assessment: (Referral Status)  
☐ Referral NOT REQUIRED

Preliminary Determination(s):

☐ Check here if additional notes on back

☒ Referral REQUIRED due to the following: (Check all that apply)  
☐ Recurrent Complaint (More than 2 visits for the same complaint)  
☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.  
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)  
☐ Other:

(Describe)  
 OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): MD

Date for referral: 1/1

Referral Type: ☐ Routine ☒ Urgent ☐ Emergent (if emergent who was contacted?):

<sub>MM DD</sub>  
 Time

A. B. Buckley RN Name: A. B. Buckley RN  
 Nurses Signature Printed



## PHYSICIANS' ORDERS

NAME: Fountain, Tony D.O.B. 08/26/63 ALLERGIES: Motrin Use Last Date 08/10/06 1045	① DIAGNOSIS (If Chg'd) D/C Mevacor New Mevacor 40mg tpo QW x 100 days Annual Chest xray Annual EKG BP 2x weekly x 4 weeks 8/11/06 1300 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Fountain, Tony D.O.B. 08/26/63 ALLERGIES: Motrin Use Fourth Date 08/02/06 0845	DIAGNOSIS (If Chg'd) Please fax offices notes to Dr. McQueen w/ um for colonoscopy WCU visit to see Dr. Carter 1-2 weeks re: eval for colonoscopy need <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: Motrin Use Third Date 8/3/06	DIAGNOSIS (If Chg'd) um submitting for colonoscopy evaluation <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: Motrin Use Second Date 6/6/06	DIAGNOSIS (If Chg'd) ① Mevacor 20mg po qd x 100 days ② LFT's fasting 04/636 in 30 days & 90 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: Motrin Use First Date 7/12/06	DIAGNOSIS ① HCU visit in 5 wk & re-eval ② Profile 16 fasting in 30 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



## PHYSICIANS' ORDERS

NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: Motrin Use Last Date 09/29/06 1450	DIAGNOSIS (If Chg'd) <sup>10-20-06 movmt</sup> <sup>note</sup> CHEEZY 9/30/06 0500 152157 STATION 1084 amlide I Fasting next week if not done as ordered 8/4/06 NCTZ 25mg on hold until Bp Bp once daily x 14 days notify me if $\geq 160/110$ Nursing 14-20 days re Bp <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED Dr. [Signature]
NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: motrin Use Fourth Date 09/26/06 0840	DIAGNOSIS (If Chg'd) CBL 005009 U23 unable to process 1st test <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED Dr. [Signature]
NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: Use Third Date 8/28/06	DIAGNOSIS (If Chg'd) NCTZ 25 mg TAD QD x 30 da UM for Colonoscopy <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED Dr. [Signature]
NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: Use Second Date 8/18/06	DIAGNOSIS (If Chg'd) 9-21-06 movmt H ① Please sched colonoscopy - th Rectal bleeding ② Comp panel, CBL, R, INR/PT ③ Visual screen snellen <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED Dr. [Signature]
NAME: Fountain, Tony D.O.B. 8/26/63 ALLERGIES: motrin Use First Date 08/10/06 1105	DIAGNOSIS notify me if Bp $\geq 160/110$ Nursing 14-20 days re Bp 048327 amlide II fasting in blood Please take off order within 8/26/06 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED Dr. [Signature]



## PHYSICIANS' ORDERS

NAME: Fountain, Tony 152157  D.O.B. 8/26/63 ALLERGIES:  Use Last      Date    /    /	DIAGNOSIS (If Chg'd)      <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Fountain, Tony 152157  D.O.B. 8/26/63 ALLERGIES:  Use Fourth      Date    /    /	DIAGNOSIS (If Chg'd)      <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Fountain, Tony 152157  D.O.B. 8/26/63 ALLERGIES: MCA  Use Third      Date 10/23/06	DIAGNOSIS (If Chg'd) - ltr submitted for Dr. Bianchi to do colonoscopy - Have MS-Murchison contact Dr. Bianchi office re: Pre-op orders other than Golytely. Have them fax orders to HCU <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED D. Pierce
NAME: Fountain, Tony 152157  D.O.B. 8/26/63 ALLERGIES: motrin  Use Second      Date 10/18/06 1505	DIAGNOSIS (If Chg'd) D/C Back to work <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED D. Pierce
NAME: Fountain, Tony 152157  D.O.B. 8/26/63 ALLERGIES:  Use First      Date 10/16/06	DIAGNOSIS - T4, TSH in 2 months - D/C MCTZ hold (order) - MCTZ 25mg PO QAM x 90 days - Mevacor 20mg TPO QPM x 90 days - bp QD x 2 wks <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED R. Allen



## DEPARTMENT OF CORRECTIONS

## NURSE'S

CVHTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC					
DATE/TIME 8/10/06 930AM			ALLERGIES		
O: VS T&P 60 R 20 WT 185			HX a treadmill? Y N		
BP 134/100 IF BP > 140/90 REFER TO MD/NP/PA.			Date:		
Do you smoke?			Y N	HX bypass surgery: Y N	Date:
Use salt?			Y N		
Family History of CVHTN?			Y N		
Obese?			Y N		
Stress?			Y N		
Blurred vision			Y N		
Headache			Y N		
Fatigue			Y N		
Muscle weakness			Y N		
Polyuria			Y N		
Epistaxis			Y N	P: LABS REVIEWED	
S.O.B.			Y N	Labs ordered	
Compliant with meds			Y N	Last CMP-14	5/25/06
KOP			Y N	Last EKG	3/8/06
Counseled on risk factors Lifestyle			Y N		
Describe: Age, Race, Gender, Family Hx					
Labs/EKG WNL NA			Y N		
CXr if over 50			Y N		
Education Done			Y N		
Topic: What do my cholesterol level mean					
Recently admitted to hospital/infirmity			Y N	CURRENT MEDICATIONS:	Meds
Notes: Denies any chest pain or dyspnea					
				Status: (circle)	IMPROVED UNCHANGED WORSENERD
				Level of Control: (circle)	GOOD FAIR POOR
				CCC WITH NURSE (circle)	1, 2, 3 Months
				CCC WITH MD (circle)	1, 2, 3, 4, 5, 6 Months
INMATE NAME		NUMBER	AGE	RACE/SEX	SIGNATURE:
Fontaine Tony		152157	43	Bm	[Signature]
Control Good—BP < 140/90 Fair—BP 140-160/90/100 Poor—BP > 160/100		Status: Improved—BP < previous visit Unchanged—BP unchanged Worsened—BP increased.			





Please send this f

must be Complete and Legible. You must Type  
with the Authorization Letter to the service provider

Time of the Appointment

PHS

## DEMOGRAPHICS

Site Name &amp; Number:

Station 843

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

Patient Name: (Last, First)

Fountain, Terry

Alias: (Last, First)

Inmate #

152157

SS Number

416-98-8129

Date: (mm/dd/yy)

08/19/06

Date of Birth: (mm/dd/yy)

8/26/63

PHS Custody Date: (mm/dd/yy)

10/18/05

Potential Release Date: (mm/dd/yy)

3/25/07

Will there be a charge?

☐ Yes ☐ No

Sex

☐ Male ☐ Female

Responsible party:

☐ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

## CLINICAL DATA

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

Paul Corbier, MD

Facility Medical Director Signature and Date:

Paul Corbier 8/29/06

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☐ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

8/29/06

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

Dr. Jackson

Type of Consultation, Treatment, Procedure or Surgery:

Colonoscopy

Diagnosis:

Persistent lower GI bleed

ICD-9 code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

42 YO ♂ = 410 Rectal bleeding since 2/06. Pt. is concerned about ↑ bleeding in last few weeks. He has both Melena &amp; Hematochezia.

Results of a complaint directed physical examination:

Rectal mass  
Heme ⊕ stool.

Previous treatment and response (including medications):

Heme ⊕ on Rectal Exam since 3/21/06  
LFT's are back to Normal

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.

Date resubmitted:

8/29/06

Regional Medical Director Signature,  
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:

116521638

8/19/06 TM Faxed  
9/21/06 Faxed